



FH  
[REDACTED]

**STATE OF WISCONSIN**  
**Division of Hearings and Appeals**

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In the Matter of

[REDACTED]  
[REDACTED]  
[REDACTED]

DECISION

BCS/166857

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**PRELIMINARY RECITALS**

Pursuant to a petition filed June 25, 2015, under Wis. Stat. § 49.45(5)(a), to review a decision by the Milwaukee Enrollment Services in regard to Medical Assistance, a hearing was held on July 15, 2015, at Milwaukee, Wisconsin.

The issue for determination is whether the agency correctly discontinued Petitioner's BadgerCare+.

There appeared at that time and place the following persons:

**PARTIES IN INTEREST:**

Petitioner:

[REDACTED]  
[REDACTED]  
[REDACTED]

Respondent:

Department of Health Services  
1 West Wilson Street, Room 651  
Madison, Wisconsin 53703

By: Simone Johnson

Milwaukee Enrollment Services  
1220 W Vliet St, Room 106  
Milwaukee, WI 53205

**ADMINISTRATIVE LAW JUDGE:**

David D. Fleming  
Division of Hearings and Appeals

**FINDINGS OF FACT**

1. Petitioner (CARES # [REDACTED]) is a resident of Milwaukee County.
2. Petitioner filed this appeal to contest a discontinuance of her BadgerCare+ effective June 1, 2015.
3. Petitioner's BadgerCare+ eligibility was reviewed after she submitted a May 3, 2015 online renewal. On that renewal form Petitioner reported \$1400.00 in income and \$544.25 in expenses.

4. Petitioner's 2014 income tax returns have been submitted to the agency. That return did include a Schedule E reporting that taxable income for 2014 was \$9012.00. This was after \$1327.00 in depreciation. Thus with depreciation her total is \$10,339.00 or \$861.00 per month.
5. Petitioner has worked as a caregiver for [REDACTED] but as of June 2015 had no income from that organization since November 2014.
6. Petitioner's BadgerCare+ group size is 1.
7. When the agency processed Petitioner's income information, it concluded that her monthly income was \$1244.01. This led to the discontinuance of BadgerCare+ because Petitioner's income was in excess of BadgerCare+ income limits.

### **DISCUSSION**

BadgerCare+ is Wisconsin's Medicaid program for those who are not elderly or disabled. Effective April 1, 2014, Wisconsin state law changed and lowered the amount of adjusted gross income a household can have and still be eligible for benefits to 100% of the Federal Poverty Level for adults and 300% for children. *Wis. Stat. § 49.471(4)(a)*. This change was to be effective January 1, 2014 but was held off until April 1 to assure coordination with other changes in healthcare options; especially the Affordable Care Act. 100% of the Federal Poverty Level for a 1 person household was \$980.83 per month as of February 1, 2015. *BadgerCare+ Eligibility Handbook (BEH), §50.1*.

The agency discontinued Petitioner's BadgerCare+ after processing the information from Petitioner's May 2015 online renewal form. On that form she reported \$1400.00 in rental income and \$544.25 in expenses. She has also provided self-employment report forms for the months of May, June and July 2015. She reports even less income as she now lives in one of the units previously rented. She also submitted 2014 tax returns showing that she reported her rental income to the IRS.

While the agency concluded monthly gross income is \$1244.01, I cannot duplicate that income figure from any of the documentation in this record and conclude that Petitioner's BadgerCare+ was incorrectly discontinued as her income is not in excess of 100% of the FPL for a group of 1.

### **CONCLUSIONS OF LAW**

That Petitioner's BadgerCare+ was incorrectly discontinued as the evidence does not demonstrate that Petitioner's income is in excess of 100% of the Federal Poverty Level.

**THEREFORE, it is**

### **ORDERED**

That this appeal is remanded to the agency with instructions to restore Petitioner's BadgerCare+ eligibility effective June 1, 2105. This is to be done within 10 days of the date of this Decision.

### **REQUEST FOR A REHEARING**

You may request a rehearing if you think this decision is based on a serious mistake in the facts or the law or if you have found new evidence that would change the decision. Your request must be **received within 20 days after the date of this decision**. Late requests cannot be granted.

Send your request for rehearing in writing to the Division of Hearings and Appeals, 5005 University Avenue, Suite 201, Madison, WI 53705-5400 **and** to those identified in this decision as "PARTIES IN INTEREST." Your rehearing request must explain what mistake the Administrative Law Judge made and

why it is important or you must describe your new evidence and explain why you did not have it at your first hearing. If your request does not explain these things, it will be denied.

The process for requesting a rehearing may be found at Wis. Stat. § 227.49. A copy of the statutes may be found online or at your local library or courthouse.

### **APPEAL TO COURT**

You may also appeal this decision to Circuit Court in the county where you live. Appeals must be filed with the Court **and** served either personally or by certified mail on the Secretary of the Department of Health Services, 1 West Wilson Street, Room 651, Madison, Wisconsin 53703, **and** on those identified in this decision as “PARTIES IN INTEREST” **no more than 30 days after the date of this decision** or 30 days after a denial of a timely rehearing (if you request one).

The process for Circuit Court Appeals may be found at Wis. Stat. §§ 227.52 and 227.53. A copy of the statutes may be found online or at your local library or courthouse.

Given under my hand at the City of Milwaukee,  
Wisconsin, this 9th day of September, 2015

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\sDavid D. Fleming  
Administrative Law Judge  
Division of Hearings and Appeals



**State of Wisconsin\DIVISION OF HEARINGS AND APPEALS**

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The preceding decision was sent to the following parties on September 9, 2015.

Milwaukee Enrollment Services  
Division of Health Care Access and Accountability